

Best Available Copy

Staple Issue Slip Here

UTILITY  
SERIAL  
NUMBER

SERIAL NUMBER

APPLICANTS

ADDRESS

TITLE

PARTS OF APPLICATION  
FILED SEPARATELY

NOTICE OF ALLOWANCE MA

ISSUE FEE

Amount Due

Date Paid

Label  
AreaForm PTO-436A  
(Rev. 8/92)

POSITION	ID NO.	DATE
CLASSIFIER		5-11-91
EXAMINER	5.0	9-2-91
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim		Date			
Final	Original				
1	1	12/21/98			
2	2	✓			
3	3	✓			
4	4	✓			
5	5	✓			
6	6	✓			
7	7	✓			
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Claim		Date			
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100	100				

SYMBOLS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) ..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Int. reference  
A ..... Appeal  
O ..... Objected

(LEFT INSIDE)